

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023670

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 163

FILED JUL 15 1963

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illionis b. COUNTY Cook	
b. CITY (If outside corporate limits, give TOWNSHIP only) North Kansas City		c. CITY OR TOWN Chicago	
c. FULL NAME OF (If NOT in hospital, give location) N.K.C. Memorial Hospital		d. STREET ADDRESS 3554 N. Osceola	
3. NAME OF DECEASED (Type or print) Mary Eleanor Stropes		4. DATE OF DEATH Month July Day 6 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-10-1878
9. AGE (last birthday) 85	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Pekin, Illionis
12. CITIZEN OF WHAT COUNTRY U. S. A.		13. FATHER'S NAME James Goad	
14. MOTHER'S MAIDEN NAME Margaret Bell		15. NAME OF HUSBAND OR WIFE Mr. William S. Stropes	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. Mrs. Evelyn Oltman-2621 Vernon-N.K.C.16, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) non		INTERVAL BETWEEN ONSET AND DEATH 4 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) non		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4:00 a.m. 6 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION North Kansas City, Mo.
21. I attended the deceased from Jan 7-1962 to July 6, 1963 and last saw her alive on 7-6-63 Death occurred at 4:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Dr. Robert W. Newcomer, M.D.	
22b. ADDRESS 2029 Burlington North Kansas City, Mo.		22c. DATE SIGNED 7-8-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-8-63	23c. NAME OF CEMETERY OR CREMATORY Pekin, Illionis	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR D.W. Newcomer's Sons-North Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 7-8-63	26. REGISTRAR'S SIGNATURE Marquette Higgins	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Dr. Robert H. Hodge M.D.

after 11:00 a.m.

JUL 23 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John H. Kalsbeek

Licensed Embalmer No.

P. O. Address

4949
90 Kansas City 16, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.